

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

Infirmaries: A Way to Reduce Medical Costs?

TO THE EDITOR: I work at a student health service where we have an inpatient facility that can and does provide excellent inpatient service for the vast majority of the illnesses with which our students become afflicted. Our infirmary is not equipped to handle the most dire of emergencies, but for most inpatient illnesses, it functions admirably. The cost per patient day in our infirmary is about \$100. This is in spite of the fact that we have an extremely low utilization, hovering between 7 percent and 8 percent of capacity. Certainly, if our utilization were higher, the cost per patient-day would be proportionately less. It seems to me that this kind of facility might very well have a place as an option for the general public. When afflicted with low back pain requiring bed rest, pneumonia, mild psychological decompensations and so on, hospital care in a typical acute care hospital is an exceptionally expensive option. Private infirmaries, either separate from or attached to existing hospitals, could potentially reduce the cost of medical care dramatically.

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Therapy for Ankylosing Spondylitis

TO THE EDITOR: I was interested in the author's statement in the February 1981 Medical Staff Conference on seronegative spondyloarthritis¹ that the cornerstone of treatment of ankylosing spondylitis is physical therapy. In this article, he also states that collars and braces are relatively ineffective in the prevention and treatment of deformity. He also states that drug therapy does not appear to retard the progression of spinal ankylosis. It is my impression that it has never been proved that physical therapy is of any benefit in the prevention of spinal deformity. While I would agree that it is of definite benefit in the prevention of hip flexion contracture, the major

disabling deformity of ankylosing spondylitis is the thoracic kyphosis.

If the author has any reference to a scientific study of the long-term benefit of physical therapy, I would be interested in reading it. The debate seemed to resemble that which for so long revolved about the question of the benefits of physical therapy in scoliosis. The many years of investigation have shown that physical therapy does not prevent the progression of scoliotic curves and that long-term bracing will only hold but not correct an established curve.

If it has been established that bracing does not prevent thoracic kyphosis in ankylosing spondylitis, it is difficult for me to understand how physical therapy can accomplish this.

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REFERENCE

1. Wofsy D: Seronegative spondylarthritis—Medical Staff Conference, University of California, San Francisco. *West J Med* 134:134-140, Feb 1981

Diet Not Shown Effective in Psoriasis

TO THE EDITOR: This relates to the letter about psoriasis and diet in the November 1980 issue. The letter, by Dr. Douglass, shows a naive understanding of the literature as it pertains to psoriasis. There is a host of evidence that relates the negative relationship between carbohydrates and psoriasis. The skin-gut school of philosophy was once rampant among dermatologists and seems now to be courted by nondermatologists who do not know the literature. Man's age-old desire to control disease always turns to manipulation of the diet. Cure is always seen around the bend of the breakfast bowl. Numerous studies where patients were put into hospitals and carefully observed showed that specific and special diets helped.¹⁻⁵ What the observers failed to realize is that any patient with psoriasis (and with hypertension, and with ulcer disease and with chronic mild renal disease) does well with hospital care and intensive observation.

The data presented of one specific patient sub-